RESPIRATORY DISEASES/DISORDERS—Clinical Outcomes

PRP4

INHALED ANTIINFLAMMATORY MEDICATION USE AND SUBSEQUENT HOSPITALIZATIONS AMONG TEXAS MEDICAID PATIENTS WITH PERSISTENT ASTHMA

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The National Heart Lung and Blood Institute (NHBLI) recommends the use of inhaled anti-inflammatory medications (inhaled corticosteroids, inhaled cromolyn, or inhaled nedocromil) for patients with persistent asthma. **OBJECTIVE:** The purpose of the study was to investigate the effect of inhaled anti-inflammatory medications on subsequent inpatient hospital events, while controlling for demographic and resources use variables. **METHODS:** Medication and medical service records were extracted for Texas Medicaid patients who were classified as having persistent asthma based on criteria set by the National Committee for Quality Assurance (NCQA). A historical cohort design was used. An asthma-related hospitalization (with no previous hospitalization for a least six months before) served as the index event. Patients were then followed until a subsequent hospitalization occurred or until one-year past their index event. Outcomes of patient who had at least 1 prescription for an inhaled anti-inflammatory within 100 days of their index hospitalization were compared with patients who did not have any records of these types of medications for one year following their index event. Logistic regression was used to compare the two groups while controlling for other factors. **RESULTS:** There were 728 persistent asthma patients in the exposed group (those with inhaled anti-inflammatory use within 100 days) compared to 981 without exposure to these types of medications. Controlling for age, gender, ethnicity, and previous resource use, those in the exposed group had 32 percent reduction in the risk of a subsequent hospitalization in the year following their index hospitalization (RR = 0.681, p = 0.017, 95% CI 0.497–0.933). **CONCLUSIONS:** For patients categorized as persistent asthmatics, less than half received anti-inflammatory medications (as recommended by the NHBLI) within the first 100 days after their index asthma-related hospitalization. Patients who did receive these medications had a lower risk of a subsequent asthma-related hospitalization for the next year.

PRP5

EPIDEMIOLOGICAL STUDY ESTIMATING THE PREVALENCE OF ACUTE SINUSITIS AND ACUTE EXACERBATION OF CHRONIC SINUSITIS IN GERMANY

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OBJECTIVES: The epidemiology of acute sinusitis and acute exacerbation of chronic sinusitis (AECS) is still unknown in Germany. This study aims to make an estimate of the prevalence of acute sinusitis and AECS in Germany. **METHODS:** A representative sample of 63 GPs and 40 ear, nose and throat specialists have been asked to document all patients older than 16 years with acute sinusitis or AECS appearing in their practice over a period of one week (during the time frame from February 2nd to April 1st, 2001). Afterwards, an expansion for Germany has been calculated/estimated. **RESULTS:** Overall, 2,250 patients suffering from acute sinusitis or AECS has been documented in 8 weeks. One thousand one hundred eighty-seven patients visited a GP and 1,063 patients visited an ear, nose and throat specialist. Eighty percent of patients suffered from acute sinusitis, whilst 20% had an acute exacerbation of chronic sinusitis. On the average, each GP treated 19 sinusitis patients per week, i.e. 9% of total patients visiting the practice. An ear, nose and throat specialist treated 27 patients per week, which means 11% of his total patients. Based on the assumption that 67.5 million people older than 16 years live in Germany (2001), there are approximately 1.215.000 sinusitis patients per week, i.e. 1.8% of German population having a sinusitis and seeing their GP in an average winter week. **CONCLUSIONS:** Assuming at least 20 weeks of wintertime (from November to March), there are approximately 24.300.000 sinusitis patients in Germany within this time frame. This means hardly one third of German population. When interpreting this result it is important to take into account that sinusitis is a disease with repeating exacerbations.

RESPIRATORY DISEASES/DISORDERS—Quality of Life

PRP6

ASSESSMENT OF RESPIRATORY DISEASE SEVERITY USING POSTAL QUESTIONNAIRES

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OBJECTIVES: To assess the severity of obstructive airways disease using a postal questionnaire and to examine correlations between healthcare utilisation/cost and disease severity. **METHOD:** A postal survey was